

Appendix 5

<b>Section 3</b>	<b>Care after death</b>
<b>Verification of death</b>	
Time of the patient's death recorded by the healthcare professional in the organisation:..... Date of patient's death: ...../...../..... <b>Verified by doctor</b> <input type="checkbox"/> <b>Verified by senior nurse</b> <input type="checkbox"/> Date / time verified:..... Cause of death:..... <b>Details of healthcare professional who verified death</b> Name:..... (please print) Signature:..... Bleep No:..... Comments:..... Persons present at time of death:..... Relative or carer present at time of death: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If not present, have the relative or carer been notified <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Name of person informed:..... Relationship to the patient:..... Contact number:..... Is the coroner likely to be involved: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Consultant /GP:..... Doctor:..... Bleep No:..... Tel No:.....	
<b>Patient Care Dignity</b>	<b>Goal 10: last offices are undertaken according to policy and procedure</b> <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>The patient is treated with respect and dignity whilst last offices are undertaken</b> Universal precautions & local policy and procedures including infection risk adhered to Spiritual, religious, cultural rituals / needs met Organisational policy followed for the management of ICD's, where appropriate Organisational policy followed for the management & storage of patient's valuables and belongings
<b>Relative or Carer Information</b>	<b>Goal 11: The relative or carer can express an understanding of what they will need to do next and are given relevant written information</b> <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.1</b> Conversation with relative or carer explaining the next steps <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.2</b> Grieving leaflet given <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.3</b> Information given regarding how and when to contact the bereavement office regarding the death certificate and patient's valuables and belongings where appropriate <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.4</b> Wishes regarding tissue/organ donation discussed <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span>
<b>*Bereavement suite Organisation</b>	<b>Goal 11.1.6 : DWP1027 (England &amp; Wales) or equivalent is given</b> <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.7</b> Discuss as appropriate: viewing the body / the need for a post mortem / the need for removal of cardiac devices / the need for a discussion with the coroner <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.8</b> Information given to families on child bereavement services where appropriate, national & local agencies <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> <b>11.1.9</b> Family member requires referred to hospital bereavement support service <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span>
<b>*Bereavement suite Organisation Information</b>	<b>Goal 12.1 : The primary health care team / GP is notified of the patient's death</b> <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> The primary health care team / GP may have known this patient very well and other relatives or carers may be registered with the same GP. telephone or fax the GP practice <b>Goal 12.2 : The patient's death is communicated to appropriate services across the organisation</b> <span style="float: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></span> The patient's death is entered on the organisations IT system
<b>Healthcare professional signature:.....</b> <b>Date:..... Time:.....</b>	
Please record any variance on the variance sheet overleaf	
<b>Section 3 Care after death MDT progress notes - record any significant issues not reflected above.</b>	
<b>Date</b>	